

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Consumer and Regulatory Affairs**

**Department of Consumer and Regulatory Affairs (DCRA)**  
**Administrative Issuance System**

**DCRA Bulletin No. 5-02T-09**

---

**SUBJECT:** Contractor Termination Protocol

**EFFECTIVE DATE:** May 18, 2009

**EXPIRATION OR REPLACEMENT:** Upon revision

**PURPOSE AND AUTHORITY:**

This DCRA Administrative Issuance bulletin establishes the procedures for the termination of full and part-time contract staff within DCRA.

**SCOPE:**

- All current managers, supervisors, and division deputies within DCRA.
- Any questions regarding contractor terminations will be resolved by the DCRA Chief of Staff for the particular contractor/vendor.

**PROVISIONS:**

**Procedures for Termination of Contract Staff**

Effective immediately, below are the procedures to request termination of contract staff within your division.

- 1) Any member of the Executive Staff or his appointed designee (hereafter known as the “requestor”), will provide his/her recommendation to terminate a contract staff in writing. The requestor must complete a “Recommendation to Terminate Form”, hereafter known as the “form”, (see attached Recommendation to Terminate Form), which will serve as an official recommendation to terminate a contract employee.

The requestor must submit a hard copy of the completed form to the Chief of Staff, Room 9521, for review and processing. Also, provide an outline / description of duties to be prepared by the replacement contract staff.

**NOTE:** DAIS Bulletins are strictly procedural in nature and have direct applicability only to DCRA employees under the authority of the Director

**INQUIRIES:** DCRA, Office of Chief of Staff, 202-442-8944

**DISTRIBUTION:** Director, Deputy Directors, Program Managers, Division Chiefs, and DCRA employees

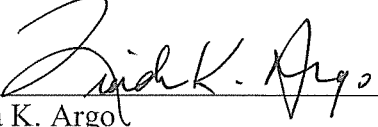
**BULLETIN EXPIRES:** April 4, 2008

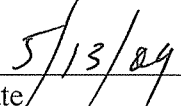
**DCRA Bulletin No. 5-02T-09**

- 3) Upon receipt of the form, the Chief of Staff will conduct a thorough review of the request and make a final determination to terminate or not to terminate the contract employee within one (1) business day of the form's receipt.
- 4) The DCRA Chief of Staff serves as the agency's Contracting Officer and will communicate any and all requested information regarding contract staff to the appropriate vendor. Please submit the form at least three (3) business days prior to the requested date of termination.

The final termination of a full or part-time contract employee will be made by the Chief of Staff. In an effort to maintain and coordinate between DCRA and the vendor, the Chief of Staff will make the final arrangements for the replacement of the contractor.

For additional information or clarification, please contact the Carol Washington, Chief of Staff at (202) 442-8944.

  
\_\_\_\_\_  
Linda K. Argo  
Director

  
\_\_\_\_\_  
Date

**NOTE:** DAIS Bulletins are strictly procedural in nature and have direct applicability only to DCRA employees under the authority of the Director

**INQUIRIES:** DCRA, Office of Chief of Staff, 202-442-8944

**DISTRIBUTION:** Director, Deputy Directors, Program Managers, Division Chiefs, and DCRA employees

**BULLETIN EXPIRES:** April 4, 2008

# Recommendation to Terminate Form

(For Contractor Termination Purposes Only)

## Recommendation Guidelines

1. To recommend a DCRA full or part-time contract employee for termination, please complete this form and return two hard copies to the DCRA Contracting Officer, Carol Washington, in 941 North Capitol Street, N.E, Suite 9500.
2. If the contractor you refer is terminated, you will receive a copy of the final termination letter within one business day of your request. If the contractor you refer is not terminated, you will receive a formal explanation of the decision to not terminate via in-person meeting with the Contracting Officer.
3. Please allow one business day for the review of the Recommendation to Terminate Form.
4. Only Deputy Directors should submit a request for recommendation to terminate any part or full-time contract staff.

## Employee Information

Recommending Deputy: \_\_\_\_\_ Date: \_\_\_\_\_

Division: \_\_\_\_\_ Office: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

## Referral Information

Contractor Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Position Held within Division: \_\_\_\_\_

Why this contractor should be terminated from current position:

## For Contracting Officer Use Only

Date Received: \_\_\_\_\_ Decision: \_\_\_\_\_

Replacement Contractor Staff: \_\_\_\_\_ Start Date: \_\_\_\_\_